PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrects maintenance fee notifica	ed below or directed oth	ig the Patent, advance of the learning in Block 1, by (a	i) specifying a new co	or m orrest	oondence address;	and/or	(b) indicating a sepa	rate "FI	EE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
DARBY & DARBY P.C. P.O. BOX 770 Church Street Station New York, NY 10008-0770					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
New York, NY	10008-0770								(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	FOR		ATTO	RNEY DOCKET NO.	CONF	FIRMATION NO.	
10/562,501 TITLE OF INVENTION	03/03/2008 : DEVICE AND METH	OD FOR DETERMININ	Peter Wengler G THE DEFECTIVE ^v	VISIO	ON OF AN OPTIC		28/0205159-US0 'STEM		7940	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	ИО	\$1510	\$300		\$0		\$1810		01/29/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	\neg						
MAI, HUY KIM		2873	351-205000	· 						
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ondence address (or Cha 3/122) attached. ication (or "Fee Address' 22 or more recent) attach	nge of Correspondence Indication form		p to nativ ingle or a attor I be I	3 registered patently, firm (having as a gent) and the namency or agents. If portinted. c) Reel/F:	membes of up	er a 2 o to e is 3 e: 020585/0	944		
	SS MEDITEC	AG categories (will not be pa	(B) RESIDENCE: (C JENA, G:	ERI	YNAM			oup entit	.v 🚨 Government	
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order	b. Payment of Fee(s); (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.4 - 0.100 (enclose an extra copy of this form).									
NOTE: The Issue Fee an	s SMALL ENTITY state		d from anyone other th				FITY status, See 37 C			
Authorized Signature	/1/11	-47 Cm				9	January 2	010		
Typed or printed nam	<u> </u>		Registration N	Io. <u>4</u>	4,586		Make to specify the to display the play of the			
an application. Confiden submitting the complete this form and/or suggest.	tiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DO	FR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the D NOT SEND FEES OR	1.14. This collection in depending upon the interest of the control of the contro	s est ndiv ffice	imated to take 12 r idual case. Any co r, U.S. Patent and	ninutes mment Traden	s to complete, including on the amount of the time. Something the complete including the c	ng gathe me you artment	ring, preparing, and require to complete of Commerce, P.O.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.